Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)	-	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Robert First name Allen Middle name Redd Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6534	

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Debtor 1 Robert Allen Redd Case number (if known)

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
		■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs		
5.	Where you live	339 Allen Road	If Debtor 2 lives at a different address:		
		Clayton, NC 27520 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Johnston	- Court		
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
bankruptcy		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Debtor 1 Robert Allen Redd				Case number (if known)				
Par	t 2: Tell the Court About	Your Bank	ruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	☐ Chapt	er 7					
		☐ Chapt	er 11					
		☐ Chapt	er 12					
		■ Chapt	er 13					
8.	How you will pay the fee	abo ord	out how yo	entire fee when I file my pe u may pay. Typically, if you a attorney is submitting your pa address.	re paying	the fee yourself, yo	ou may pay with cash	, cashier's check, or money
				y the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals to be in Installments</i> (Official Form 103A).				
		☐ I request that my fee be waived (You may request this option only if you are filing for Chapte but is not required to, waive your fee, and may do so only if your income is less than 150% of t applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your family size and you are unable to pay the fee in installments).					of the official poverty line that his option, you must fill out	
		tne	Аррисато	n to Have the Chapter 7 Filin	g ree wa	wed (Official Form	103B) and file it with	your petition.
9.	Have you filed for bankruptcy within the	☐ No.						
	last 8 years?	Yes.						
			District	Eastern District of North Carolina, Raleigh Division	When	4/03/13	Case number	13-02128-8-SWH
			District	Kaleigh Division	When	4,00,10	Case number	10 02 120 0 01111
			District		When		Case number	
			2.0					
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No □ Yes.						
			Debtor				Relationship to y	ou
			District		_ When		Case number, if	known
			Debtor				Relationship to y	
			District		_ When		Case number, if	known
11.	Do you rent your	□ No.	Go to li	ne 12.				
	residence?	Yes.	Has yo	ur landlord obtained an evicti	on judgm	ent against you and	d do you want to stay	in your residence?
				No. Go to line 12.				
				Yes. Fill out <i>Initial Statement</i> bankruptcy petition.	t About ar	n Eviction Judgmen	nt Against You (Form	101A) and file it with this

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Deb	otor 1 Robert Allen Redo	d			Case number (if known)		
Par	t 3: Report About Any Bu	ısinesses	You Own	as a Sole Propried	tor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Tyes Name and location of business				
	A sole proprietorship is a						
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Stat	te & ZIP Code		
	it to this petition.		Check	the appropriate bo	x to describe your business:		
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))		
				Commodity Broker (as defined in 11 U.S.C. § 101(6))			
				None of the above	9		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you incomes, cash-flows.	dicate that you are sow statement, and for the statement of the statement	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure		
	For a definition of small	■ No.	l am n	ot filing under Chap	oter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4: Report if You Own or	Have Any	y Hazardo	us Property or An	y Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is t	he hazard?			
	identifiable hazard to public health or safety? Or do you own any		16 image a all	:			
	property that needs immediate attention?			iate attention is why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs		Where is	the property?			
	urgent repairs?				Number, Street, City, State & Zip Code		
					rumber, Street, Oity, State & Zip Code		

Debtor 1 Robert Allen Redd

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Robert Allen Redd				Case number (if known)			
Par	t 6: Answer These Quest	ions for R	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily individual primarily for a pe			rined in 11 U.S.C. § 101(8) as "incurred by an	
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.				
			☐ No. Go to line 16c.	-	·		
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you	u owe that are not consu	mer debts or busine	ss debts	
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapt	I am not filing under Chapter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7 are paid that funds will be			perty is excluded and administrative expenses ?	
	administrative expenses are paid that funds will		□ No				
	be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do	1 -49		1 ,000-5,000)	25,001-50,000	
	you estimate that you owe?	☐ 50-99)	□ 5001-10,00	0	5 0,001-100,000	
	owo.	☐ 100-1		☐ 10,001-25,0	000	☐ More than100,000	
		200-9	999				
19.	How much do you	\$0 - \$	\$50,000	□ \$1,000,001	- \$10 million	□ \$500,000,001 - \$1 billion	
	estimate your assets to be worth?	□ \$50,0	001 - \$100,000		1 - \$50 million	☐ \$1,000,000,001 - \$10 billion	
			,001 - \$500,000 ,001 - \$1 million		1 - \$100 million 01 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
20.	How much do you	□ \$0 - \$	S50.000	□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,00		□ \$1,000,000,001 - \$10 billion	
	to be?		,001 - \$500,000		1 - \$100 million	□ \$10,000,000,001 - \$50 billion	
		□ \$500	,001 - \$1 million	□ \$100,000,0	01 - \$500 million	☐ More than \$50 billion	
Par	t 7: Sign Below						
For	you	I have ex	kamined this petition, and I d	leclare under penalty of	perjury that the infor	mation provided is true and correct.	
						e, under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7.	
			orney represents me and I dient, I have obtained and read			ot an attorney to help me fill out this	
		I request	relief in accordance with the	e chapter of title 11, Unit	ted States Code, spe	ecified in this petition.	
		bankrupt and 357	tcy case can result in fines u			or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,	
			Allen Redd		Signature of Debto	or 2	
			e of Debtor 1		5		
		Execute	d on July 12, 2017		Executed on		
			MM / DD / YYYY		MN	// / DD / YYYY	

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Debtor 1 Robert Allen Redd Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ R. Lee Roland for LOJTO Signature of Attorney for Debtor	Date	July 12, 2017 MM / DD / YYYY					
R. Lee Roland for LOJTO Printed name							
The Law Offices of John T. Orcutt, PC							
6616-203 Six Forks Road Raleigh, NC 27615							
Number, Street, City, State & ZIP Code Contact phone (919) 847-9750	Email address	postlegal@johnorcutt.com					
41930 Bar number & State	Linai address						

Fill	in this inforn	nation to identify you	r case:			
Del	otor 1	Robert Allen Re	dd			
Dal	otor 2	First Name	Middle Name	Last Name		
	ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF EXEMPTIONS)	NORTH CAROLINA (NC		
	se number				_	Check if this is an mended filing
Sta Be a info	as complete a rmation. If m	of Financial	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for sup y additional pages, write you	
Pai	ft 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	r current marital statu	s?			
	☐ Married					
	Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	t all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
3. state					ity property state or territory ico, Texas, Washington and W	
Par		ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ificial Form 106H).		
4.	Fill in the total	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$25,000.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Case number (if known) Debtor 1 Robert Allen Redd Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$49,848.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$1,502.00 ☐ Wages, commissions, ☐ Wages, commissions, bonuses, tips bonuses, tips ☐ Operating a business Operating a business For the calendar year before that: \$26,886.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. ☐ No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Pension \$3.122.00 the date you filed for bankruptcy: For last calendar year: **Pension** \$17,594.00 (January 1 to December 31, 2016) For the calendar year before that: **Pension** \$17,530.00 (January 1 to December 31, 2015) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Case number

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor Name and Address Value of the **Describe the Property** Date property **Explain what happened**

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Case number (if known)

11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?						
	No	because	you owed a debt:				
	Yes. Fill in the details.						
	Creditor Name and Address	Des	scribe the action the creditor took	Date action was taken	Amount		
12	Within 1 year before you filed for bankri	untev. wa	as any of your property in the possession of an	assignee for the bene	fit of creditors, a		
12.	court-appointed receiver, a custodian, o			accigned for the bond	in or oroundro, a		
	■ No						
	☐ Yes						
Par	t 5: List Certain Gifts and Contributio	ns					
13	Within 2 years before you filed for bank	runtey c	lid you give any gifts with a total value of more t	han \$600 ner nerson?	•		
10.	No	ruptoy, c	and you give any girts with a total value of more t	nan 4000 per person:			
	☐ Yes. Fill in the details for each gift.						
	Gifts with a total value of more than \$6	00	Describe the gifts	Dates you gave	Value		
	per person			the gifts			
	Person to Whom You Gave the Gift and Address:	d					
11	Within 2 years before you filed for bonk			al value of more than	tcoo to any abarity?		
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No						
	Yes. Fill in the details for each gift or contribution.						
	Gifts or contributions to charities that	total	Describe what you contributed	Dates you	Value		
	more than \$600 Charity's Name		·	contributed			
	Address (Number, Street, City, State and ZIP Coo	de)					
Par	t 6: List Certain Losses						
15.	Within 1 year before you filed for bankrior gambling?	uptcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,		
	_						
	No						
	Yes. Fill in the details.						
	Describe the property you lost and how the loss occurred		be any insurance coverage for the loss	Date of your loss	Value of property lost		
	non inchess countries		the amount that insurance has paid. List pending ace claims on line 33 of Schedule A/B: Property.	1000	1001		
Day	1 7. List Cartain Dayments or Transfer		,				
	List Certain Payments or Transfer						
16.	consulted about seeking bankruptcy or	preparir	d you or anyone else acting on your behalf pay on a bankruptcy petition? s, or credit counseling agencies for services require		ty to anyone you		
	□ Na						
	□ No ■ Yes. Fill in the details.						
	r oor r iii iir aro actaiici		Description and value of any property	Data naumant	A		
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was	Amount of payment		
	Email or website address	Vall		made			
	Person Who Made the Payment, if Not DECAF	iou	Credit Counseling	07/2017	\$15.00		
	112 Goliad Street		Croan Counseling	J1/2011	ψ13.00		
	Benbrook, TX 76126-2009						

Debtor 1 Robert Allen Redd

Debtor 1	Robert	Allen	Redd
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Case number (if known)

17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you No	s or to make payments			r transfer any propert	ty to anyone who
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and variansferred	value of any prop	perty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptor transferred in the ordinary course of your burnclude both outright transfers and transfers maintenance gifts and transfers that you have already	isiness or financial afforder as security (such as	airs? the granting of a s		• •	
	NoYes. Fill in the details.					
	Person Who Received Transfer Address	Description and property transfer			any property or received or debts change	Date transfer was made
	Person's relationship to you					
 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of beneficiary? (These are often called asset-protection devices.) No 					f which you are a	
	Yes. Fill in the details.					
						Date Transfer was made
Par 20.	List of Certain Financial Accounts, Ins Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc	, were any financial ac	counts or instru	ments held in of deposit; sh		
	■ No □ Yes. Fill in the details.	iauons, and other ima	iiciai iiistitutioiis	•		
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou instrument	clo	te account was sed, sold, ved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed fo	r bankruptcy, an	y safe deposit	box or other deposit	ory for securities,
	■ No					
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the	contents	Do you still have it?
22.	Have you stored property in a storage unit o ☐ No	r place other than you	r home within 1 y	year before yo	u filed for bankruptcy	/?
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, S State and ZIP Code)		Describe the contents		Do you still have it?
	Raynor Storage 10594 Cleveland Road Garner, NC 27529	N/A		Woodwork's Pictures and	s, Bicycle, I Garden Tools	□ No ■ Yes

Debtor 1 Robert Allen Redd Case number (if known)

Pai	t 9: Identify Property You Hold or Control for	Someone Else							
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you borrowed from, are storing fo	r, or hold in trust					
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value					
Pai	t 10: Give Details About Environmental Inform	ation							
For	the purpose of Part 10, the following definitions	apply:							
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate,	or utilize it or used					
	Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or	nmental law defines as a hazardou	s waste, hazardous substance, toxic	substance,					
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.						
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e under or in violation of an environm	ental law?					
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any	y release of hazardous material?							
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or admini	•	ironmental law? Include settlements	and orders.					
	■ No								
	Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Pai	t 11: Give Details About Your Business or Cor	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of the following connections to an	y business?					
	☐ A sole proprietor or self-employed in a	•	•						
	☐ A member of a limited liability company	y (LLC) or limited liability partnersh	nip (LLP)						
	☐ A partner in a partnership								
	☐ An officer, director, or managing execu	tive of a corporation							
	An owner of at least 5% of the veting of	ityitif							

Official Form 107

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Case number (if known)

	■ No. None of the above applies. Go to F	Part 12.	
	☐ Yes. Check all that apply above and fill	in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to a	anyone about your business? Include all financial
	■ No □ Yes. Fill in the details below.		
	Name	Date Issued	

Official Form 107

Debtor 1 Robert Allen Redd

Address

(Number, Street, City, State and ZIP Code)

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Debtor	Robert Allen Redd		Case number (if known)
Part 12	2: Sign Below		
are true with a b	and correct. I understand that m		ments, and I declare under penalty of perjury that the answers property, or obtaining money or property by fraud in connection rup to 20 years, or both.
/s/ Ro	bert Allen Redd		
	rt Allen Redd ure of Debtor 1	Signature of Debtor	2
Date	July 12, 2017	Date	
Did you	ı attach additional pages to Your	Statement of Financial Affairs for Ind	ividuals Filing for Bankruptcy (Official Form 107)?
■ No			
☐ Yes			
Did you	ı pay or agree to pay someone wh	no is not an attorney to help you fill o	ut bankruptcy forms?
■ No			
☐ Yes.	Name of Person Attach the	Bankruptcy Petition Preparer's Notice,	Declaration, and Signature (Official Form 119).

Fill in this inform	nation to identify your	case and t	his filing:						
Debtor 1	Robert Allen Red		<u> </u>						
20213.	First Name		lle Name	Last Name)				
Debtor 2 (Spouse, if filing)	First Name	Midd	lle Name	Last Name	9				
(F NORTH CAROL					
United States Ban	nkruptcy Court for the:	EXEMPTI		FNORTTOAROL	INA (NC				
Case number								☐ Check if	this is an
								amende	
Official For	rm 106A/B								
Schedule	A/B: Prop	ertv							12/15
	parately list and describ		an asset only o	once. If an asset fit	s in more than o	ne category, lis	st the asset in	the category w	
	e as complete and accur space is needed, attach								
Answer every questi		ra separate t	silect to this for	iii. Oii tiic top oi ai	iy daditional pag	cs, write your i	iame and case	z namber (ii kii	own,
Part 1: Describe E	Each Residence, Buildin	g, Land, or O	ther Real Estate	e You Own or Have	an Interest In				
1 Do you own or h:	ave any legal or equitab	le interest in	any residence i	huilding land or s	imilar property?				
_		ic interest in	any residence, i	bullating, latia, or s	minar property:				
No. Go to Part	2.								
☐ Yes. Where is	the property?								
Part 2: Describe Y	our Vehicles								
□ No ■ Yes	cks, tractors, sport u	itility venici	es, motorcycle	es					
3.1 Make: D	Oodge	w	Vho has an inter	rest in the property	? Check one			aims or exempti	
	Ram		Debtor 1 only	rest in the property	r Check one		,	d claims on Sch ms Secured by I	
_	2008		Debtor 2 only				alue of the	Current value	
Approximate		2,169	Debtor 1 and D	Debtor 2 only		entire pro		portion you	_
Other informa			At least one of	f the debtors and an	other				
xxxxxx04	uto Insurance: Poli 18		Check if this i	is community prop	erty		\$6,280.00	\$	6,280.00
,	craft, motor homes, A s, trailers, motors, pers			,	,		S		

Official Form 106A/B Schedule A/B: Property page 1

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

■ No

☐ Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

■ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

□ No

■ Yes. Give specific information.....

Possible Consumer Rights Claim(s).

Subject to approval of settlement/award by Bankruptcy Court. Unless otherwise specified, no specific claims are known at present.

\$0.00

Official Form 106A/B Schedule A/B: Property page 2

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Debtor 1 Robert Allen Redd			Case numl	Case number (if known)		
			art 3, including any entries for pages you have a	attached \$660.00		
Part 4:	Describe Your Finance	cial Assets				
		egal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.		
	amples: Money you h	nave in your wallet, in your ho	me, in a safe deposit box, and on hand when you f	ile your petition		
			Cash	\$40.00		
Exa	institutions.		ounts; certificates of deposit; shares in credit unions with the same institution, list each. Institution name:	, brokerage houses, and other similar		
		17.1. Checking	First Citizens Bank	\$400.00		
join ■ No	nt venture	ock and interests in incorports ormation about them	orated and unincorporated businesses, includir % of own			
Neg Nor	gotiable instruments n-negotiable instrum	prate bonds and other nego include personal checks, cas	% of own tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders nsfer to someone by signing or delivering them.	·		
■ No	o es. Give specific info	rmation about them Issuer name:				
Exa	·	RA, ERISA, Keogh, 401(k), 4	03(b), thrift savings accounts, or other pension or p	rofit-sharing plans		
■ Ye	es. List each accoun	t separately. Type of account:	Institution name:			
		401(k)	401 (k) (Value: \$440.46)	\$0.00		
You Exa	amples: Agreements	d deposits you have made so	that you may continue service or use from a comp public utilities (electric, gas, water), telecommunica			
■ No	o es		Institution name or individual:			
23. A nn	uities (A contract fo	or a periodic payment of mone	by to you, either for life or for a number of years)			
■ No	-	suer name and description.				
	orm 106A/B	and decompliant	Schedule A/B: Property	page (

Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... Official Form 106A/B Schedule A/B: Property

page 4

Deb	otor 1	Robert Allen Re	dd		Case number (if known)	
35.	Any fii	nancial assets you d	lid not already list			
	No					
	☐ Yes.	. Give specific information	ation			
36	۸۵۵	the dellar value of a	II of your entries from Part 4, includi	ng any ontrine for nac	ros vou havo attached	
30.			ber here			\$440.00
Part	5: De	escribe Any Business-F	Related Property You Own or Have an Inte	erest In. List any real esta	ate in Part 1.	
37. [Do vou	own or have any legal	or equitable interest in any business-rela	ted property?		
		o to Part 6.		,		
	Yes. (Go to line 38.				
Part			Commercial Fishing-Related Property You est in farmland, list it in Part 1.	u Own or Have an Interes	st In.	
	,	you own or have an inter-	oot in tarmana, not it in t art 1.			
46.	•	•	egal or equitable interest in any farm	 or commercial fishir 	ng-related property?	
	No.	. Go to Part 7.				
	☐ Yes	s. Go to line 47.				
		_				
Part	t 7:	Describe All Propert	y You Own or Have an Interest in That Yo	ou Did Not List Above		
53.	Do you	u have other propert	y of any kind you did not already lis	t?		
_		pples: Season tickets,	country club membership			
_	□ No					
	Yes.	. Give specific informa	ition			
			.IMPORTANT NOTICES:			
			(1) Valuation Method (Sch. A &	B): FMV unless oth	herwise noted.	
			(2) Creditor claims disclosed o	n Sch. D. E & F are	estimates only.	
			drawn largely from unverified i	nformation provide	ed by the creditor,	
			and shall not be considered an			
			amount owed, interest, late fe or representatives an admission			
			actual owners of such claims.	m by the Debtor(3)	that such parties are	\$0.00
- 4						40.00
54.	Add	the dollar value of a	Il of your entries from Part 7. Write the	nat number here		\$0.00
Part	t 8:	List the Totals of Eac	h Part of this Form			
						\$0.00
55. 56.		2: Total real estate, i	ine 2 e 5	\$6,280.00		\$0.00
57.		•	d household items, line 15	\$660.00		
58.		4: Total financial ass		\$440.00		
59.			lated property, line 45	\$0.00		
60.			shing-related property, line 52	\$0.00		
61.			rty not listed, line 54	\$0.00		
					0	Am aaa
62.	ıotal	ı personaı property.	Add lines 56 through 61	\$7,380.00	Copy personal property total	\$7,380.00
63.	Total	l of all property on S	chedule A/B. Add line 55 + line 62			\$7 380 00

Official Form 106A/B Schedule A/B: Property page 5

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NORTH CAROLINA RALEIGH DIVISION

In Re:								
Robert Allen Redd			Case No.					
Casial Coopeity No . vvv vv	6534		Chapter 13					
Social Security No.: xxx-xx			(Revised 10/28/16)					
Address: 339 Allen Road , Cl	ayton , NC 27520		(
		De	btor.					
SC	HEDULE	C-1 - PR	OPERTY CLA	IMED AS	EXEMP'	Γ		
Debtor, claims the followederal Law.	ving property as e	xempt pursuant	to 11 U.S.C. § 522 and the	laws of the State o	f North Carolina	a, and non-bankruptcy		
BURIAL PLOT (This retain an aggregate into a tenant by the entiretic	s exemption is no erest in the proper es or as a joint ten	t to exceed \$35 rty not to excee ant with rights	on 2) REAL OR PERSO 5,000; however, an unmarr of \$60,000 in value so long of survivorship and the force former co-owner (if a chi	ied debtor who is g as the property w mer co-owner of the	65 years of age as previously on the property is de	or older is entitled to wned by the debtor as eceased, in which case		
Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Mortgage Holder or Lien Holder	Amount of Mortgage or Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(a)		
N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Debtor's Age:								
Name of former co-owner:								
_								
VALUE O	F REAL ESTAT	E CLAIMED	AS EXEMPT PURSUA	NT TO NCGS 10	C-1601(a)(1):	N/A		
. NCGS 1C-1601(a)(3)	MOTOR VEHI	CLE: (The ex	emption in <u>one</u> vehicle, no	t to exceed \$3,500	0.00 in net value	s).		
Model, Year, Style of Motor Vehicle	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3)		
2008 Dodge Ram	\$6,280.00	D1	City of Raleigh ECU	\$3,000.00	\$3,280.00	\$3,500.00		
	_							
VALUE OF MO	OTOR VEHICL	ES CLAIMEI	AS EXEMPT PURSUA	NT TO NCGS 1	-C1601(a)(3):	\$3,500.00		

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3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL AND HOUSEHOLD GOODS: (The debtor's aggregate interest is not to exceed \$5,000.00 plus \$1000.00 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

The number of dependents for exemption purposes is:_____0___

Description of Property	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
Clothing & Personal	\$200.00	D1	N/A	\$0.00	\$200.00	\$200.00
Kitchen Appliances	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Stove	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Refrigerator	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Freezer	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Washing Machine	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Dryer	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
China	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Silver	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Jewelry	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Living Room Furniture	\$60.00	D1	N/A	\$0.00	\$60.00	\$60.00
Den Furniture	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Bedroom Furniture	\$200.00	D1	N/A	\$0.00	\$200.00	\$200.00
Dining Room Furniture	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Lawn Furniture	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Television	\$100.00	D1	N/A	\$0.00	\$100.00	\$100.00
() Stereo () VCR/DVD	\$30.00	D1	N/A	\$0.00	\$30.00	\$30.00
() Radio () VideoCamera	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Musical Instruments	\$50.00	D1	N/A	\$0.00	\$50.00	\$50.00
() Piano () Organ	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Air Conditioner	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Paintings / Art	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Lawn Mower	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Yard Tools	\$20.00	D1	N/A	\$0.00	\$20.00	\$20.00
Crops	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Recreational Equipment	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Computer Equipment	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Pets & Other Animals	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00
Firearms	\$0.00	D1	N/A	\$0.00	\$0.00	\$0.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4):	\$5,000.00
---	------------

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE: (The debtor's aggregate interest is not to exceed \$2,000.00 in net value.)

Description	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuance to NCGS 1C-1601(a)(5)
N/A	N/A	N/A	N/A	N/A	N/A	N/A

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5): N/A

5. NCGS 1C-1601(a)(6) LIFE INSURANCE: (NC Const., Article X, Sect. 5) (Note: There is no limit on policies or amounts.)

Description	Insured	Last 4 Digits of Policy Number	Beneficiary (If child, initials only)	Cash Value
N/A	N/A	N/A	N/A	N/A

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS: Debtor or Debtor's Dependents. (No limit on value.) ()

Description	
N/A	

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR THE DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE. (There is no limit on this exemption)

Description	Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy / Annuity
(1) Possible Consumer Rights Claim(s) (Unless specified, no specific claims are known at present)	
(2)	

The Debtor claims an exemption in any possible consumer rights claim only to the extent that the settlement/award is found by the Bankruptcy Court, upon the filing of a Motion for Approval of Settlement/Award and for Allowance of Exemptions and an Amendment to this Schedule C, to be in the nature of a personal injury claim, if allowed as exempt under applicable law, or to the extent that it is found to be other than a personal injury claim only to the extent of the dollar amount available to the Debtor under another exemption, such as the wildcard exemption, under applicable exemptions law. The time within which the trustee may object to the claiming of any exemption in this asset, shall be deemed tolled until such time as the Motion and Amendment are filed and served upon the trustee.

8. NCGS 1C-1601(a)(2) WILDCARD EXEMPTION (ANY PROPERTY): (Debtor's aggregate interest in any other property is not to exceed \$5,000.00 in net value of any unused exemption amount to which debtor is entitled under NCGS 1C-1601(a)(1)(debtor's residence exemption).

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(2)
Any property owned by the debtor(s), not otherwise claimed as exempt (see * below)						\$4,560.00

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Cash on Hand	\$40.00	D1	N/A	N/A	\$40.00	\$40.00
First Citizens Bank (Checking Account)	\$400.00	D1	N/A	N/A	\$400.00	\$400.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(2):	\$5,000.00
---	------------

- * including therewith any and all amounts on deposit, if any, as of the date of filing, in bank or investment accounts, above and beyond those amounts specifically referenced and exempted in this exemption, but only to the extent of and not exceeding the residual value available pursuant to this exemption.
- 9. NCGS 1C-1601(a)(9) and 11 U.S.C. 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in Sections 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in Section 408(b) of the Internal Revenue Code, accounts established as part of a trust described in Section 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under Sections 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90. (There is no limit on amount of this exemption. All such funds are claimed as exempt.)

Type of Account	Location of Account	Last 4 Digits of Account Number
See Schedule B	Employers 401 (k)	6534

10. NCGS. § 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under Section 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. Sections 541(b)(5)-(6), and (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, such contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan	Last 4 Digits of Account Number	Value	Initials of Child Beneficiary
N/A	N/A	N/A	N/A

11. NCGS1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENT UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the law of the State or governmental unit under which the benefit plan is established.)

Name of Retirement Plan	State or Governmental Unit	Last 4 Digits of Identifying Number
N/A	N/A	N/A

12. NCGS.1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor.)

Type of Support	Amount	Location of Funds
Any and all such items.	N/A	N/A

13. **TENANCY BY THE ENTIRETY**: The following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(2)(B) and the law of the State of North Carolina pertaining to property held as tenants by the entirety. (Note: There is no limit on amount or number of items.)

Description of Property & Address	Market Value	Lien Holder	Amount of Lien	Net Value
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

14. NORTH CAROLINA PENSION FUND EXEMPTIONS:

		Amount
a.	North Carolina Local Government Employees Retirement Benefits N.C.G.S. § 128-31	N/A
b.	North Carolina Teachers and State Employee Retirement Benefits N.C.G.S. § 135-9	N/A
c.	Fireman's Relief Fund pensions N.C.G.S. § 58-86-90	N/A
d.	Fraternal Benefit Society benefits N.C.G.S. § 58-24-85	N/A
e.	Benefits under the Supplemental Retirement Income Plan for teachers and state employees are exempt from levy, sale, and garnishment N.C.G.S. § 135-95	N/A
f.	Benefits under the Supplemental Retirement Income Plan for state law enforcement officers are exempt from levy, sale, and garnishment N.C.G.S. § 143-166.30(g)	N/A

15. OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:

		Amount
a.	Aid to the Aged, Disabled and Families with Dependent Children N.C.G.S. § 108A-36	N/A
b.	Aid to the Blind N.C.G.S. § 111-18	N/A
c.	Yearly Allowance of Surviving Spouse N.C.G.S. § 30-15	N/A
d.	Workers Compensation benefits N.C.G.S. § 97-21	N/A
e.	Unemployment benefits, so long as not commingled and except for debts for necessities purchased while unemployed N.C.G.S. § 96-17	N/A
f.	Group insurance proceeds N.C.G.S. § 58-58-165	N/A
g.	Partnership property, except on a claim against the partnership N.C.G.S. § 59-55	N/A
h.	Wages of debtor necessary for the support of family N.C.G.S. § 1-362 ** Any and all amounts on deposit in checking, savings or other accounts on the date of filing, if any, above and beyond amounts claimed under the wildcard exemption, that qualify pursuant to the requirements of this exemption.	See ** (to left)
i.	Benefits under the Separate Insurance Benefits Plan for state and local law enforcement officers are exempt from levy, sale, and garnishment N.C.G.S. § 143-166.60(h)	N/A
j.	Vested benefits under the North Carolina Public Employee Deferred Compensation Plan are exempt from levy, sale, and garnishment N.C.G.S. § 147-9.4	N/A

16. FEDERAL PENSION FUND EXEMPTIONS:

		Amount
a.	Foreign Service Retirement and Disability Payments 22 U.S.C. § 4060	N/A
b.	Civil Service Retirement Benefits 5 U.S.C. § 8346	N/A
c.	Railroad Retirement Act annuities and pensions 45 U.S.C. § 231m	N/A
d.	Veteran benefits 38 U.S.C. § 5301	N/A
e.	Special pension paid to winners of Congressional Medal of Honor 38 U.S.C. § 1562	N/A
f.	Annuities payable for service in the General Accounting Office 31 U.S.C. § 776	N/A

17. OTHER EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:

		Amount
a.	Social Security Benefits 42 U.S.C. § 407	N/A
b.	Injury or death compensation payments from war risk hazards 42 U.S.C. § 1717	N/A
c.	Wages owing a master or seaman, except for support of a spouse and/or minor children 46 U.S.C. § 11109	N/A
d.	Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 U.S.C. § 916	N/A
e.	Crop insurance proceeds 7 U.S.C. § 1509	N/A
f.	Public safety officers' death benefits 42 U.S.C. § 3796. See subsection (g).	N/A
g.	Railroad unemployment insurance 45 U.S.C. § 352. See subsection (e).	N/A

18. RECENT PURCHASES

(a) List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

Description	Market Value	Lien Holder	Amount of Lien	Net Value
N/A	N/A	N/A	N/A	N/A

(b) List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

Description of Replacement Property	Description of Property Liquidated or Converted that May Be Exempt
N/A	N/A

- 19. The debtor's property is subject to the following claims:
 - a. Of the United States or its agencies as provided by federal law
 - b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds
 - c. Of a lien by a laborer for work done and performed for the person
 - d. Of a lien by a mechanic for work done on the premises, but only as to specific property affected
 - e. For payment of obligations contracted for the purchase of specific real property affected
 - f. For contractual security interests in specific affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods
 - g. For statutory liens, on the specific property affected, other than judicial liens
 - h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina
 - i. For criminal restitution orders docketed as civil judgments pursuant to NCGS 15A-1340.38
 - j. Debts of a kind specified in 11 U.S.C. 523(a)(1) (certain taxes), (5) (domestic support obligations)
 - k. Debts of a kind specified in 11 U.S.C. 522(c)

Claimant	Nature of Claim	Amount of Claim	Description of Property	Value of Property	Net Value
See schedules filed in this case.	N/A	N/A	N/A	N/A	N/A

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b) and except as may constitute reasonable and allowable prepetition exemption planning, has been included in this claim of exemptions. None of the claims listed in paragraph 19 is subject to this claim of exemptions. I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

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UNSWORN DECLARATION UNDER PENALTY OF PERJURY

I Debtor, declares under penalty of perjury that I have read the foregoing Schedule C-1 Property Claimed as Exempt, consisting of 19 paragraphs

on consecutive pages, and that they are true and	I correct to the best of my knowledge, information and belief.
Executed on:	
	s/ Robert Allen Redd

Robert Allen Redd

Fill in this informat	tion to identify you					
Fill in this informat						
Debtor 1	Robert Allen Re	Middle Name	Last Name			
Debtor 2	. not rame	gaie Haine	Lactitanio			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankr	ruptcy Court for the	EASTERN DISTRICT OF NOR EXEMPTIONS)	TH CAROLIN	NA (NC		
Case number						
(if known)					☐ Check	if this is an
					ameno	ded filing
Official Form	106D					
		s Who Have Claims S	Secure	d by Property	/	12/15
		If two married people are filing togethe out, number the entries, and attach it t				
1. Do any creditors ha	ve claims secured b	y your property?				
☐ No. Check th	is box and submit t	this form to the court with your other	schedules. Y	ou have nothing else to	report on this form.	
■ Yes. Fill in al	I of the information	below.				
Part 1: List All S	Secured Claims					
<u> </u>	ims. If a creditor has	more than one secured claim, list the cred	ditor separatel	Column A	Column B	Column C
for each claim. If more	than one creditor ha	s a particular claim, list the other creditors ical order according to the creditor's name	s in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 City of Rale	igh ECU	Describe the property that secures t	he claim:	\$3,000.00	\$6,280.00	\$0.00
Creditor's Name		2008 Dodge Ram 142,169 mi GEICO Auto Insurance: Polic xxxxxx0418				
Post Office Raleigh, NC		As of the date you file, the claim is: (apply. Contingent	Check all that			
Number, Street, Cit	ty, State & Zip Code	☐ Unliquidated				
Who owes the debt	? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as n	nortgage or se	ecured		
Debtor 2 only		car loan)	0 0			
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the	,	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim community debt			Purchase	Money Security Inte	erest	
Date debt was incurre	ed 2010	Last 4 digits of account numb	per			
Addito		National Acadelia and Millian		***	0.00	
	•	Column A on this page. Write that numle the dollar value totals from all pages.	oer here:	\$3,00		
Write that number h		and donar value totals from an pages.		\$3,00	0.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Fil	l in this inform	nation to identify your o	case:						
Do	ebtor 1	Robert Allen Redo	J						
De	DIOI I	First Name	Middle	Name	Last Nam	e			
De	btor 2								
(Sp	ouse if, filing)	First Name	Middle	Name	Last Nam	е			
Un	ited States Bar	nkruptcy Court for the:	EASTERN EXEMPTI	I DISTRICT OF NOR' ONS)	TH CAR	OLINA (NC			
Ca	se number								
	nown)			<u> </u>				☐ Check	if this is an
								amend	ed filing
Sc		106E/F /F: Creditors W					or creditors with NON	PRIORITY claims. Li	12/15 st the other party to
any Sch Sch Ieft.	executory contr edule G: Execut edule D: Credito	racts or unexpired leases tory Contracts and Unexpi ors Who Have Claims Section tinuation Page to this pag	that could re ired Leases (ured by Prop	sult in a claim. Also lis Official Form 106G). Do erty. If more space is n	st executo o not incl eeded, co	ory contract ude any cre opy the Part	s on Schedule A/B: P ditors with partially s you need, fill it out, ı	roperty (Official For ecured claims that a number the entries in	m 106A/B) and on tre listed in the boxes on the
Pa	rt 1: List Al	l of Your PRIORITY Un	secured Cla	aims					
1.	Do any credito	rs have priority unsecured	d claims agai	inst you?					
	☐ No. Go to Pa	art 2.							
	Yes.								
2.	identify what typ possible, list the	priority unsecured claims be of claim it is. If a claim ha c claims in alphabetical orde han one creditor holds a pa	s both priority er according to	and nonpriority amounts to the creditor's name. If y	s, list that ou have n	claim here a	nd show both priority a	nd nonpriority amount	s. As much as
	(For an explana	tion of each type of claim, s	ee the instruc	ctions for this form in the	instruction	booklet.)			
		,				,	Total claim	Priority amount	Nonpriority amount
2.1		Revenue Service (E	D)**	Last 4 digits of accoun	t number		\$3,500.00	\$3,500.00	\$0.00
	,	editor's Name		Mhan waa tha daht ina		2011			
		fice Box 7346 phia, PA 19101-7346		When was the debt inc	urrea?	2011		-	
		reet City State Zlp Code		As of the date you file,	the claim	is: Check a	Il that apply		
	Who incurred	I the debt? Check one.		☐ Contingent					
	■ Debtor 1 o	nly		☐ Unliquidated					
	Debtor 2 or	nlv		☐ Disputed					
	_	nd Debtor 2 only		Type of PRIORITY unse	ecured cla	aim:			
		e of the debtors and anothe		Domestic support ob					
	_		-1	■ Taxes and certain ot	Ü	iou outo the	govornmont		
		nis claim is for a commun ubject to offset?	•	☐ Claims for death or p					
	No	ubject to onset?			cisulal III	jury writte yo	u were initoxicated		
	■ No □ Yes			Other. Specify	deral In	come Tax	/AS		
	03			1 50	aviai III	Julio 10/			

De	btor 1 Robert Allen Redd		Case nun	nber (if know)		
2.2	Law Office of John T Orcutt	Last 4 digits of account number	,	\$5,285.00	\$5,285.00	\$0.00
	Priority Creditor's Name 6616 Six Forks Road Suite 203	When was the debt incurred?	07/2017			
	Raleigh, NC 27615 Number Street City State Zlp Code	As of the date you file, the clain	is: Check all th	at apply		
	Who incurred the debt? Check one.	☐ Contingent	rio. Oriook dir tir	ат арргу		
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cl	aim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Taxes and certain other debts☐ Claims for death or personal in				
	■ No	■ Other. Specify Administr	ative Expen	ses		
	Yes	Attorney I				
2.3	North Carolina Dept. of Revenue** Priority Creditor's Name	Last 4 digits of account number	·	\$596.00	\$0.00	\$596.00
	Post Office Box 1168 Raleigh, NC 27602-1168	When was the debt incurred?	2011-2012			
	Number Street City State Zlp Code	As of the date you file, the clain	is: Check all th	at apply		
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cl	aim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts	you owe the gov	vernment		
	Is the claim subject to offset?	Claims for death or personal in	njury while you w	ere intoxicated		
	No	Other. Specify				
	Yes	State Inco	me Taxes			
Pa	tt 2: List All of Your NONPRIORITY Unsecu	ured Claims				
3.	Do any creditors have nonpriority unsecured claim	ns against you?				
	$\hfill\square$ No. You have nothing to report in this part. Submit	this form to the court with your other	schedules.			
	■ Yes.					
4.	List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.	laim. For each claim listed, identify w	hat type of claim	it is. Do not list claims	already included in Pa	art 1. If more

Total claim

Debtor	1 Robert Allen Redd	Case number (if know)				
4.1	.IMPORTANT NOTICE:	Last 4 digits of account number	\$0.00			
	Nonpriority Creditor's Name See notice re: creditor claims set	When was the debt incurred?				
	forth on Schedule A Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	As of the date you me, the diam is. Officer all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	<u> </u>				
	☐ Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify				
		— Other: Specify				
4.2	Bank of America	Last 4 digits of account number	\$5,377.00			
	Nonpriority Creditor's Name Post Office Box 982235 El Paso, TX 79998-2235	When was the debt incurred? 2004				
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,				
	■ Debtor 1 only	Contingent				
	☐ Debtor 2 only	□ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Credit Card Purchases				
4.3	Bank of America Home Loans	Last 4 digits of account number	\$29,140.00			
	Nonpriority Creditor's Name Attn: Managing Agent	When was the debt incurred? 2006				
	Post Office Box 5170					
	Simi Valley, CA 93062-5170 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	☐ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	■ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	□ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Home Equity				

Debto	Robert Allen Redd	Case number (if know)				
4.4	Bank of America, N.A.	Last 4 digits of account number	\$0.00			
	Nonpriority Creditor's Name Post Office Box 5170 Simi Valley, CA 93062	When was the debt incurred?				
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Possible Obligation				
4.5	BB&T	Last 4 digits of account number	\$7,440.00			
	Nonpriority Creditor's Name		<u> </u>			
	Attn: Bankruptcy Managing Agent Post Office Box 1847 Wilson, NC 27894	When was the debt incurred? 2007				
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Credit Card Purchases				
4.6	Capital One	Last 4 digits of account number	\$1,829.00			
	Nonpriority Creditor's Name Post Office Box 30285 Salt Lake City, UT 84130-0285	When was the debt incurred? 2008				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	\square Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify (Kohl's)				

Debtor 1 Robert Allen Redd		Case number (if know)			
4.7	Chase	Last 4 digits of account number	\$10,992.00		
	Nonpriority Creditor's Name Post Office Box 15298	When was the debt incurred? 2002			
	Wilmington, DE 19850-5298 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	□ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	■ Other. Specify Credit Card Purchases			
4.8	Credit First NA	Last 4 digits of account number	\$882.00		
	Nonpriority Creditor's Name Post Office Box 81315 Claveland, OH 44484 0345	When was the debt incurred? 2015			
	Cleveland, OH 44181-0315 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Credit Card Purchases Other. Specify (Firestone)			
4.9	Credit One Bank, N.A. Nonpriority Creditor's Name	Last 4 digits of account number	\$771.00		
	Post Office Box 98873 Las Vegas, NV 89193-8873	When was the debt incurred? 2014			
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	■ Other. Specify Credit Card Purchases			
		· · ·			

1 Robert Allen Redd	Case number (if know)				
Duke Raleigh Hospital	Last 4 digits of account number	\$785.74			
Nonpriority Creditor's Name 5213 South Alston Avenue	When was the debt incurred?	Ψ100.14			
Durham, NC 27713	As of the date you file the claim in Check all that apply				
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
■ Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
Yes	■ Other. Specify Medical Bills				
Gay, Jackson & McNally, L.L.P.	Last 4 digits of account number	\$642.00			
Nonpriority Creditor's Name					
500 North Arendell Avenue Post Office Box 10	When was the debt incurred?				
Zebulon, NC 27597 Number Street City State Zlp Code	As of the date you file the claim in Check all that each				
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
Debtor 1 only	☐ Contingent				
_					
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:				
At least one of the debtors and another	Student loans				
☐ Check if this claim is for a community debt					
Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
Yes	■ Other. Specify Attorney Fees				
Laura Redd	Last 4 digits of account number	\$0.00			
Nonpriority Creditor's Name		***			
2824 Watson Woods Lane Wake Forest, NC 27587	When was the debt incurred?				
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
■ Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
☐ Check if this claim is for a community	☐ Student loans				
debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not				
Is the claim subject to offset?	report as priority claims				
No	☐ Debts to pension or profit-sharing plans, and other similar debts				
□ ves	Other Specific Possible Obligation/ Separated Spouse				

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Debtor	1 Robert Allen Redd	Case number (if know)	
4.1 3	Local Government Federal CU	Last 4 digits of account number	\$132.00
	Nonpriority Creditor's Name Attn: Managing Agent Post Office Box 25279 Relain NC 27644 5270	When was the debt incurred? 2016	-
	Raleigh, NC 27611-5279 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Auto Loan	-
4.1	Local Government Federal CU	Last 4 digits of account number	\$2,041.00
4	Nonpriority Creditor's Name Attn: Managing Agent Post Office Box 25279	When was the debt incurred? 2016	-
	Raleigh, NC 27611-5279 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card Purchases	-
4.1 5	Verizon Wireless Bankruptcy Admin. Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	500 Technology Drive, Suite 550 Saint Charles, MO 63304	When was the debt incurred?	-
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Collection Account	_

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1	Robert	All	len Redd		Case n	umber ((if know)	
			reditor for any of the debts in Parts 1 or 2, do not fill o		e additional cre	editors h	here. If you do not have additional persons to b	е
Name and				On which entry in Part 1 or Part 2 or				
_		rvi	ces Incorporated	Line 4.7 of (Check one):	☐ Part 1: 0	Creditors	rs with Priority Unsecured Claims	
PO Box		100	147		■ Part 2: 0	Creditors	rs with Nonpriority Unsecured Claims	
Langno	rne, PA	190)4 <i>1</i>	Last 4 digits of account number				
Name and	Address			On which entry in Part 1 or Part 2 or	did you list the or	riginal cr	creditor?	
		rise	e Systems	Line 4.2 of (<i>Check one</i>):	·	•	rs with Priority Unsecured Claims	
29125 S	olon Ro	ad	-				rs with Nonpriority Unsecured Claims	
Solon, C	OH 44139	9-3	442	Last 4 digits of account number	— r art 2. c	or outlore	o mar Honghoniy Griddalad Glaime	
Name and	Address artment	٥f	lustica	On which entry in Part 1 or Part 2 of Line 2.3 of (<i>Check one</i>):	' -	-		
			of Revenue	Line <u>2.3</u> of (Check one).			rs with Priority Unsecured Claims	
Post Off	fice Box	62	9		□ Part 2: 0	Creditors	rs with Nonpriority Unsecured Claims	
Raleigh,	, NC 276	02-	-0629	Last 4 digits of account number				
Name and	Address			On which entry in Part 1 or Part 2 or	did you list the or	riginal cr	creditor?	
	m Outco	me	es Inc	Line 4.10 of (Check one):			rs with Priority Unsecured Claims	
P.O. Box							rs with Nonpriority Unsecured Claims	
Raleigh,	, NC 276	58		Last 4 digits of account number		J. 0 a. 10 10	committee prompt of the control of t	
Name and	Address			On which entry in Part 1 or Part 2 or	did you list the or	riginal cr	oreditor?	
		Nar	ron Drake	Line 4.5 of (<i>Check one</i>):		-	rs with Priority Unsecured Claims	
Saintsin	ng						rs with Nonpriority Unsecured Claims	
& Myers		•	000					
	fice Box	_						
Kaleigii,	, NC 276		-0200	Last 4 digits of account number				
Name and	Address			On which entry in Part 1 or Part 2 or	did you list the or	riginal cr	creditor?	
U.S. Atte	orney G	ene	eral	Line 2.1 of (Check one):	-	-	rs with Priority Unsecured Claims	
			Justice				rs with Nonpriority Unsecured Claims	
			Ave. NW					
wasning	gton, DC	, 20)530-0001	Last 4 digits of account number				
Name and	Address			On which entry in Part 1 or Part 2 or	did you list the or	riginal cr	creditor?	
		ffic	ce (ED)**	Line 2.1 of (<i>Check one</i>):	·	-	rs with Priority Unsecured Claims	
	v Bern A						rs with Nonpriority Unsecured Claims	
			Building					
Raieign,	, NC 276	01-	-1461	Last 4 digits of account number				
Don't 4	1 A al al 41s a	A	to for Fook Trees	filmen armed Claim				
Part 4:			nounts for Each Type o		etical reporting	nurnoca	ses only. 28 U.S.C. §159. Add the amounts for ea	
	unsecured			olamia. Tilia ililorillation la lor Statis	stical reporting	puipost	300 only. 20 0.0.0. \$100. Add the amounts for ea	
							Total Claim	
	6	a.	Domestic support obligat	ions	6a.	\$	0.00	
Tot clain								
from Part		b.	Taxes and certain other d	lebts you owe the government	6b.	\$	4,096.00	

					Total Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims	01	The second section of the second section of	01	_	
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	4,096.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	5,285.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	9,381.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$	0.00

Official Form 106 E/F

Debtor 1 Robert Allen Redd

- you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims. Write that amount

Total Nonpriority. Add lines 6f through 6i.

Case number (if know)

6h. 0.00 6i. 60,031.74

6j. 60,031.74

Fill in this infor	ill in this information to identify your case:							
Debtor 1	Robert Allen Red	d						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C EXEMPTIONS)	OF NORTH CAROLINA (NC					
Case number (if known)					☐ Check if this is an amended filing			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the o	contract or lease	State what the contract or lease is for
2.1					
	Name				_
					_
	Number	Street			
					_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	Number	Sireei			
	City		State	ZIP Code	_
2.3	City		State	ZIP Code	
2.3					_
	Name				
	Number	Street			<u> </u>
		0001			
	City		State	ZIP Code	_
2.4	J.,		- Claid		
2.7	Name				_
	ivame				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
					_
	Number	Street			
					_
	City		State	ZIP Code	

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Fill in th	nis information to identify your	case:		
Debtor 1			LastNama	
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if,		Middle Name	Last Name	_
United S	States Bankruptcy Court for the:	EASTERN DISTRICT O EXEMPTIONS)	F NORTH CAROLINA (NC	
Case nu (if known)	ımber			☐ Check if this is an amended filing
Offici	al Form 106H			
	dule H: Your Cod	ebtors		12/15
eople a	re filing together, both are equ	ally responsible for supp boxes on the left. Attach	lying correct information. If more sp the Additional Page to this page. Or	d accurate as possible. If two married ace is needed, copy the Additional Page, nather top of any Additional Pages, write
1. D	o you have any codebtors? (If	you are filing a joint case, o	do not list either spouse as a codebtor.	
□ N ■ Y				
Ariz _			operty state or territory? (Community erto Rico, Texas, Washington, and Wis	
ΠY	es. Did your spouse, former spo	use, or legal equivalent live	with you at the time?	
in li For	ne 2 again as a codebtor only	f that person is a guaran	tor or cosigner. Make sure you have	e is filing with you. List the person shown listed the creditor on Schedule D (Official dule D, Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		The creditor to whom you owe the debt schedules that apply:
3.1	Laura Redd 2824 Watson Woods Land Wake Forest, NC 27587	•	■ Schede	ule D, line ule E/F, line 4.3 ule G America Home Loans
3.2	Laura Redd 2824 Watson Woods Land Wake Forest, NC 27587	•	■ Schede	ule D, line ule E/F, line 4.4 ule G America, N.A.

Official Form 106H Software Copyright (c) 1996-2017 Best Case, LLC - www.bestcase.com

Fill	in this information to identify your c	ase:								
	otor 1 Robert Alle									
	otor 2 use, if filing)				_					
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT EXEMPTIONS)	OF NORTH CAROL	INA (NC	_					
	se number 		-				nendeo pleme	nt showin	g postpetition	
0	fficial Form 106I					MM /	DD/ Y`	YYY		
S	chedule I: Your Inc	ome					,			12/1
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and you che a separate sheet to this form. Describe Employment	are married and not fili ir spouse is not filing w	ng jointly, and your ith you, do not inclu	spouse i de inforr	s liv natio	ing with you on about you	ı, inclu ır spo	ide inforn use. If mo	nation abou ore space is	t your needed,
1.	Fill in your employment information.		Debtor 1			De	btor 2	or non-fi	ling spouse	
	If you have more than one job,	Employment status	■ Employed				Emplo	yed		
	attach a separate page with information about additional	Employment status	☐ Not employed				Not en	nployed		
	employers.	Occupation	ESP Technician	1						
	Include part-time, seasonal, or self-employed work.	Employer's name	Dade Paper Co.	ı						
	Occupation may include student or homemaker, if it applies.	Employer's address	9601 NW 112th Miami, FL 33178		!					
		How long employed t	here? 14 Mon	iths						
Par	t 2: Give Details About Mo	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any l	ine, write \$0	in the s	space. Inc	clude your no	n-filing
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the informatio	n for all e	mplo	yers for that	persor	n on the li	nes below. If	you need
						For Debtor	1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,663	3.83	\$	N/A	_
3.	Estimate and list monthly over	ime pay.		3.	+\$	(0.00	+\$	N/A	-
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	3,663.8	3_	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Robert Allen Redd	-	C	Case number (if kr	own)				
					For Debtor 1		non-	Debtor 2 -filing s _l	pouse	
	Cop	by line 4 here	4.		\$3,663	3.83	\$		N/A	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	а.	\$ 1,070	.14	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	ο.	\$ 0	.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50			.92	\$		N/A	_
	5d.	Required repayments of retirement fund loans	50		. —	.00	\$		N/A	_
	5e.	Insurance	5e 5f			0.00	\$		N/A	_
	5f. 5g.	Domestic support obligations Union dues	5g		·	0.00	\$		N/A N/A	_
	5h.	Other deductions. Specify:			·	0.00	· · —		N/A	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ 1,180		\$		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 2,483		\$		N/A	-
			٠.		Ψ2,463	0.77	Ψ		IN/A	-
8.	List 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.		Φ.		c		N//A	
	8b.	monthly net income. Interest and dividends	8a 8b			0.00	\$		N/A N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		<i>.</i>	Ψ		Ψ		N/A	-
		settlement, and property settlement.	80			.00	\$		N/A	_
	8d.	Unemployment compensation	80			.00	\$		N/A	_
	8e. 8f.	Social Security Other government againtened that you regularly receive	8€	€.	\$.00	\$		N/A	_
	OI.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0	0.00	\$		N/A	
	8g.	Pension or retirement income	_ 8g	g.	\$ 446	00.6	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$.00	+ \$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	446	00.	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,929.77	+ \$		N/A	= \$	2,929.77
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	2,323.11	Τ Ψ-		IN/A	- Ψ -	2,323.11
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe				•	chedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	2,929.77
13.	Do :	you expect an increase or decrease within the year after you file this form	?						Combine month!	ned y income
		No. Yes Explain:								

Official Form 106I Schedule I: Your Income page 2

Sill	in this information to identify you	ır case:				
	otor 1 Robert Allen I			Check	c if this is:	
	Robert Allein	Neuu			An amended filing	
	otor 2					ving postpetition chapter
(Spo	ouse, if filing)			1	3 expenses as of	the following date:
Unit	ed States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH (NC EXEMPTIONS)	CAROLINA	N	MM / DD / YYYY	
	e number nown)					
0	fficial Form 106J					
S	chedule J: Your E	xpenses				12/1
info	ormation. If more space is nee mber (if known). Answer every	•	e filing together, bo orm. On the top of	oth are equa any addition	lly responsible fo nal pages, write y	r supplying correct our name and case
1.	Is this a joint case?	ioid				
	No. Go to line 2.					
	Yes. Does Debtor 2 live in	n a separate household?				
	☐ No ☐ Yes. Debtor 2 must	file Official Form 106J-2, Expenses	for Separate House	hold of Debto	or 2.	
2.	Do you have dependents?	■ No				
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the					□ No
	dependents names.					Yes
						□ No
						☐ Yes ☐ No
						□ No □ Yes
						□ No
						☐ Yes
3.	Do your expenses include expenses of people other the yourself and your dependen					
Par						
exp	imate your expenses as of you penses as of a date after the ba plicable date.	ur bankruptcy filing date unless y ankruptcy is filed. If this is a supp	ou are using this fo lemental <i>Schedule</i>	orm as a sup J, check the	plement in a Cha box at the top o	pter 13 case to report f the form and fill in the
the		on-cash government assistance if have included it on Schedule I: Y			Your expe	enses
4.	The rental or home ownersh payments and any rent for the	ip expenses for your residence. In ground or lot.	nclude first mortgage	4. \$		800.00
	If not included in line 4:					
	4a. Real estate taxes			4a. \$		0.00
	4b. Property, homeowner's,			4b. \$		0.00
		pair, and upkeep expenses		4c. \$		0.00
	4d. Homeowner's association	on or condominium dues		4d. \$		0.00

0.00

5. Additional mortgage payments for your residence, such as home equity loans

ebtor 1	Robert Allen Redd	Case num	ber (if known)	
. Utilitie	es:			
	Electricity, heat, natural gas	6a.	\$	150.43
	Water, sewer, garbage collection	6b.	·	0.00
	Telephone, cell phone, Internet, satellite, and cable services	6c.		0.00
	Other. Specify: Cell Phone	6d.	·	50.00
	Cable		\$	
			· -	100.00
	and housekeeping supplies	7.	·	300.00
	care and children's education costs	8.	\$	0.00
	ing, laundry, and dry cleaning	9.	\$	40.00
	nal care products and services	10.	· <u> </u>	19.00
. Medic	al and dental expenses	11.	\$	100.00
	portation. Include gas, maintenance, bus or train fare.	40	•	200.00
	t include car payments.	12.	·	200.00
. Enter	tainment, clubs, recreation, newspapers, magazines, and books	13.	·	200.00
. Charif	table contributions and religious donations	14.	\$	25.00
. Insura				
Do no	t include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	417.66
15c.	Vehicle insurance	15c.	\$	125.68
15d.	Other insurance. Specify:	15d.	\$	0.00
	b. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	y: Personal Property Taxes	16.	\$	9.00
	Iment or lease payments:		·	
	Car payments for Vehicle 1	17a.	\$	0.00
	Car payments for Vehicle 2	17b.	·	0.00
	• •	17b.	·	
	Other Specify:		·	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as		Q	0.00
deduc	cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.		
	payments you make to support others who do not live with you.		\$	136.00
	y: Care/Support of Elderly Mother	19.		
	real property expenses not included in lines 4 or 5 of this form or on Scho			
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
Other	: Specify: Education For Condition Of Employment	21.	+\$	15.00
	late your monthly expenses			
22a. A	dd lines 4 through 21.		\$	2,687.77
22b. C	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. A	dd line 22a and 22b. The result is your monthly expenses.		\$	2,687.77
	and			2,001.11
. Calcu	late your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,929.77
	Copy your monthly expenses from line 22c above.	23b.	-\$	2,687.77
				,
23c.	Subtract your monthly expenses from your monthly income.			646.66
	The result is your monthly net income.	23c.	\$	242.00
For exa	ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect you cation to the terms of your mortgage?			e or decrease because of a
_				
■ No.				

Case 17	7-03422-5-DMW	Doc 1 File	d 07/12/17	Entered 07	/12/17 16:2	0:37	Page 44 of 66
Fill in this inform	mation to identify your o	ase:					
Debtor 1	Robert Allen Redo						
	First Name	Middle Name	Las	t Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Las	t Name			
United States Ba	United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)						
Case number _ (if known)							Check if this is an amended filing
	orm 106Sum of Your Assets a	nd Liabilities	s and Certa	in Statistica	al Informat	ion	12/15
information. Fill	and accurate as possibl out all of your schedule ms, you must fill out a n	s first; then comple	ete the informati	on on this form. If	you are filing a		

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B...... 1b. Copy line 62, Total personal property, from Schedule A/B..... 7,380.00 1c. Copy line 63, Total of all property on Schedule A/B..... 7,380.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 3,000.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 9,381.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 60,031.74 Your total liabilities 72.412.74 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,929.77 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 2,687.77 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Summary of Your Assets and Liabilities and Certain Statistical Information

Official Form 106Sum

page 1 of 2

Case 17-03422-5-DMW Doc 1 Filed 07/12/17 Entered 07/12/17 16:20:37 Page 45 of 66

Debtor 1	Robert Allen Redd	Case number (if known)	
	the court with your other schedules.		

3. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$_____5,422.32

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total o	laim
• • • • • • • • • • • • • • • • • • • •	_	
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	4,096.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	4,096.00

Fill in this	information to identify your	case:			
Debtor 1	Robert Allen Red	ld			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	EASTERN DISTRICT (EXEMPTIONS)	DF NORTH CAROLINA (NC		
Case numb (if known)	ber			☐ Check if this is an amended filing	
	Form 106Dec tration About a	an Individual	Debtor's Sched	lules 13	2/15
f two marr	ried people are filing togethe	r, both are equally respo	onsible for supplying correct info	ormation.	
obtaining n		n connection with a ban		g a false statement, concealing property, c up to \$250,000, or imprisonment for up to	
Did ye	ou pay or agree to pay some	eone who is NOT an atto	rney to help you fill out bankrup	otcy forms?	
I	No				
	Yes. Name of person			Attach Bankruptcy Petition Preparer's Notic Declaration, and Signature (Official Form 1	
	penalty of perjury, I declare ney are true and correct.	that I have read the sun	nmary and schedules filed with t	this declaration and	
X /e	/ Robert Allen Redd		X		
R	obert Allen Redd ignature of Debtor 1		Signature of Debtor	2	
Da	ate _ July 12, 2017		Date		

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of North Carolina (NC Exemptions)

_	_			Lastern	District of No.	rui Caroilla (1 v	C Exemp	•		
In r	e <u>Ro</u>	bert Allen Re	edd			Debtor(s)		Case No. Chapter	13	
		DISC	LOS	URE OF CO)MPENSAT	ION OF ATT	ORNEY	-		
1.	compen	nt to 11 U .S.C.	§ 329(me with	a) and Fed. Bankr	. P. 2016(b), I center the filing of the	rtify that I am the att	torney for the	e above nan I to be paid	ned debtor(s) and that to me, for services re	ndered or to
	Fo	r legal services	, I have	agreed to accept			\$		4,950.00	
									0.00	
	Ba	lance Due					\$		4,950.00	
2.	\$ <u>310</u>	0.00 of the f	iling fe	e has been paid.						
3.	The sou	irce of the com	pensati	on paid to me was	:					
		Debtor	□ o	ther (specify):						
4.	The sou	arce of compen	sation t	o be paid to me is:	:					
		Debtor	□ o	ther (specify):						
5.	■ I ha	ave not agreed	to share	the above-disclos	sed compensation	with any other pers	son unless the	ey are mem	bers and associates of	my law firm.
						th a person or person ne people sharing in			or associates of my lached.	ıw firm. A
5.	In retur	rn for the above	e-disclo	sed fee, I have agi	reed to render leg	al service for all asp	pects of the b	ankruptcy o	ease, including:	
	b. Prep	paration and file resentation of the provisions a Exemption	ing of a the debt as neede plann	ny petition, sched or at the meeting o ed] ing, Means Test	ules, statement of of creditors and c	f affairs and plan when from the confirmation hearing to their items if sp	nich may be in a second any adjusted in the control of the control	required; journed hea ncluded in	file a petition in banki rings thereof; n attorney/client fe for assistance at 3	e contract
7.	By agre	Representa any other a	tion o	f the debtors in	any discharge		udicial lien		es, relief from stay contract or exclud	
		each, Judg Class Certi	ment S ficatio	Search: \$10 eac n: Usually \$8 ea	th, Credit Cour ach, Use of co	seling Certificati mputers for Cred	on: Usually it Counseli	/ \$34 per on the second per of	r case, Credit Repo case, Financial Man g or Financial Man oriefing: \$75 per se	nagement agment
					CER	TIFICATION				
this		that the foregotcy proceeding		a complete statem	ent of any agreen	nent or arrangement	for payment	to me for r	epresentation of the de	ebtor(s) in
	July 12,	, 2017				/s/ R. Lee Rola	nd for LOJ	то		
_	Date					R. Lee Roland		41930		
						Signature of Atto The Law Office		T. Orcutt,	PC	
						6616-203 Six F	orks Road			
						Raleigh, NC 27 (919) 847-9750) 847-343	9	
						postlegal@joh	norcutt.co			
						Name of law firm	1			

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter '	7 :	Liquidation
\$	245	filing fee
	\$75	administrative fee
<u>+</u>	\$15	trustee surcharge
\$	335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcv_fo

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify your case:					
Debtor 1	Robert Allen Redd				
Debtor 2 (Spouse, if filing)					
United States Bankruptcy Court for the:		Eastern District of North Carolina (NC Exemptions)			
Case number (if known)					

Check	Check as directed in lines 17 and 21:						
	According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						
☐ Check if this is an amended filing							

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

auui	tional pages, write your name and case number (if	known).					
Par	t 1: Calculate Your Average Monthly Income						
1.	What is your marital and filing status? Check one	only.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married. Fill out both Columns A and B, lines 2-11						
1 th	ill in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6-the 6 months, add the income for all 6 months and divide the to pouses own the same rental property, put the income from that	-month period tal by 6. Fill in	d would the re	be March 1 throusult. Do not includ	igh August 31. If the am le any income amount r	ount of your monthly income varied nore than once. For example, if both	during
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and comr	missio	ons (before all	\$4,976.32	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	le payments	s from	a spouse if	\$	\$	
4.	All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househout and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3.	contributions nts, parents,	\$0.00	\$			
5.	Net income from operating a business, profession, or farm	Debtor 1					
	Gross receipts (before all deductions)	·	0.00				
	Ordinary and necessary operating expenses	·	0.00				
	Net monthly income from a business, profession, or fa	arm \$	0.00	Copy here ->	\$	\$	
6.	Net income from rental and other real property	Debtor 1					
	Gross receipts (before all deductions)	·	0.00				
	Ordinary and necessary operating expenses	· —	0.00			•	
	Net monthly income from rental or other real property	\$	U.UU	Copy here ->	\$ 0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor	Robert Allen Redd		Case number	er (<i>if known</i>)			
			Column A Debtor 1		Column B Debtor 2 o		
			\$	0.00	non-filing	spouse	
	nterest, dividends, and royalties Unemployment compensation		\$		\$		
	On ontenting the compensation On one onter the amount if you contend that the amount received was a benef	fit undo	· ——	0.00	Φ		
	he Social Security Act. Instead, list it here:	ni unae	:1				
	·	00					
	For your spouse \$						
	Pension or retirement income. Do not include any amount received that wa benefit under the Social Security Act.	is a	\$	446.00	\$		
] r (ncome from all other sources not listed above. Specify the source and an Do not include any benefits received under the Social Security Act or payment received as a victim of a war crime, a crime against humanity, or international domestic terrorism. If necessary, list other sources on a separate page and protal below.	nts I or	\$	0.00	\$		
			\$	0.00	\$		
	Total amounts from separate pages, if any.	+	- \$	0.00	\$		
	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$	5,422.32	+ \$ _		= \$5,42	22.32
	Determine How to Measure Your Deductions from Income Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one:					\$5,42	22.32
	You are not married. Fill in 0 below.						
	☐ You are married and your spouse is filing with you. Fill in 0 below.						
_	☐ You are married and your spouse is not filing with you.						
•	Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse's						
	Below, specify the basis for excluding this income and the amount of inc adjustments on a separate page.	ome de	evoted to eac	h purpose	. If necessary	, list additional	
	If this adjustment does not apply, enter 0 below.						
		\$_ \$					
		Ψ— + \$		_			
		Ψ_					
	Total	\$_	0.0	00 Co	py here=>		0.00
14.	Your current monthly income. Subtract line 13 from line 12.					\$5,42	22.32
15.	Calculate your current monthly income for the year. Follow these steps:	:					
	15a. Copy line 14 here=>					\$5,42	22.32
	Multiply line 15a by 12 (the number of months in a year).					x 12	
	15b. The result is your current monthly income for the year for this part of the	he form	1			\$ 65,06	67.84

Debtor	1	Robe	rt Allen Redd		Case number (if known)		
16.	Calc	ulate t	he median family income that applies to	you. Follow these ste	eps:		
	16a.	Fill in t	he state in which you live.	NC			
	16b.	Fill in t	he number of people in your household.	1			
	160	Fill in t	he median family income for your state and	size of household		•	42,946.00
	.00.	To find	d a list of applicable median income amount tions for this form. This list may also be ava	s, go online using the		\$ _	,
17. I	How	do the	e lines compare?				
	17a.		Line 15b is less than or equal to line 16c. (11 U.S.C. § 1325(b)(3). Go to Part 3. Do N				
•	17b.		Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation of Your Disp			
Part 3	3:	Calc	ulate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18. (Сор	y your	total average monthly income from line	l1		\$	5,422.32
(cont spou	end tha	marital adjustment if it applies. If you are it calculating the commitment period under come, copy the amount from line 13.	I1 U.S.C. § 1325(b)(4	se is not filing with you, and you 4) allows you to deduct part of your		
•	19a.	If the r	narital adjustment does not apply, fill in 0 on	line 19a.		- \$	0.00
	19b.	Subtra	act line 19a from line 18.			\$	5,422.32
20.	Calc	ulate y	our current monthly income for the year	. Follow these steps			
2	20a.	Сору I	ine 19b			\$_	5,422.32
		Multip	y by 12 (the number of months in a year).				x 12
2	20b.	The re	sult is your current monthly income for the y	ear for this part of th	e form	\$_	65,067.84
2	20c.	Copy t	he median family income for your state and	size of household fro	om line 16c	\$_	42,946.00
2	21.	How o	lo the lines compare?				
			ine 20b is less than line 20c. Unless otherw eriod is 3 years. Go to Part 4.	ise ordered by the co	urt, on the top of page 1 of this form, ch	eck box 3,	The commitment
			ine 20b is more than or equal to line 20c. Un ommitment period is 5 years. Go to Part 4.	nless otherwise order	red by the court, on the top of page 1 of	this form, o	heck box 4, The

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Debtor 1	Robert Allen Redd	Case number (if known)	
Part 4:	Sign Below		
Bys	signing here, under penalty of perjury I declare that the information	on on this statement and in any attachments is true and correct.	
X /s/	Robert Allen Redd		
	obert Allen Redd gnature of Debtor 1		
Date	9 July 12, 2017 MM / DD / YYYY		
If yo	ou checked 17a, do NOT fill out or file Form 122C-2.		

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

			_		
Fill in th	s information to identify yo	our case:			
Debtor 1	Robert Allen Redd	<u> </u>			
Debtor 2 (Spouse,	if filing)				
United S	ates Bankruptcy Court for the	Eastern District of North Carolina (NC: Exemptions)			
Case nui			☐ Check if t	his is an amended filing	
	orm 122C-2 ter 13 Calculatio	on of Your Disposable I	ncome		04/16
	this form, you will need yonent Period (Official Form 12)	ur completed copy of <i>Chapter 13 Statem</i> 22C-1).	ent of Your Current Monthly Inc	ome and Calculation of	
space is		sible. If two married people are filing tog heet to this form, Include the line numbe ad case number (if known).			ore
Part 1:	Calculate Your Deductio	ns from Your Income			
the qu	estions in lines 6-15. To fin	 issues National and Local Standards f d the IRS standards, go online using the at the bankruptcy clerk's office. 			
expen	ses if they are higher than the	t in lines 6-15 regardless of your actual exp standards. Do not include any operating ex ounts that you subtracted from your spouse	spenses that you subtracted from i	ncome in lines 5 and 6 of Forr	
If your	expenses differ from month to	o month, enter the average expense.			
Note:	ine numbers 1-4 are not use	d in this form. These numbers apply to infor	mation required by a similar form of	used in chapter 7 cases.	
5. T	he number of people used i	n determining your deductions from inc	ome		
р		o could be claimed as exemptions on your nal dependents whom you support. This nurousehold.		1	
Nation	nal Standards You r	nust use the IRS National Standards to ans	swer the questions in lines 6-7.		
		ms: Using the number of people you entereunt for food, clothing, and other items.	ed in line 5 and the IRS National	\$639.	.00
th p	ne dollar amount for out-of-po eople who are 65 or olderbe	owance: Using the number of people you ecket health care. The number of people is s cause older people have a higher IRS allow by may deduct the additional amount on line	plit into two categoriespeople wh vance for health car costs. If your a	o are under 65 and	

Official Form 22C-2

Debtor 1	Robert Allen Redd		Case number (if known)
Peop	le who are under 65 years of age		
-	7a. Out-of-pocket health care allowance per person	\$ 49	
-	7b. Number of people who are under 65	X 1	
-	7c. Subtotal. Multiply line 7a by line 7b.	\$ 49.00	Copy here=> \$49.00
Peop	le who are 65 years of age or older		
-	7d. Out-of-pocket health care allowance per person	\$ 117	
-	7e. Number of people who are 65 or older	x	
-	7f. Subtotal. Multiply line 7d by line 7e.	\$ 0.00	Copy here=> \$
-	7g. Total. Add line 7c and line 7f	\$	49.00 Copy total here=> \$ 49.00
Loca	Standards You must use the IRS Local Standards	to answer the questions in	n lines 8-15.
	d on information from the IRS, the U.S. Trustee Prorugtcy purposes into two parts:	ogram has divided the IR	S Local Standard for housing for
■ но	ousing and utilities - Insurance and operating expe	nses	
■ но	ousing and utilities - Mortgage or rent expenses		
sepa 8. l	nswer the questions in lines 8-9, use the U.S. Trust rate instructions for this form. This chart may also Housing and utilities - Insurance and operating exp in the dollar amount listed for your county for insurance	be available at the banks benses: Using the number	r of people you entered in line 5, fill
9. I	Housing and utilities - Mortgage or rent expenses:		
(Using the number of people you entered in line 5, listed for your county for mortgage or rent expens 		\$832.00
9	9b. Total average monthly payment for all mortgages	and other debts secured b	by your home.
	To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.		
	Name of the creditor	Average monthly payment	,
	-NONE-	\$\$	
	9b. Total average monthly payme	ent \$ 0. 0	Copy here=> -\$ 0.00 Repeat this amount on line 33a.
9	9c. Net mortgage or rent expense.		
	Subtract line 9b (total average monthly payment) or rent expense). If this number is less than \$0, en		\$832.00 Copy here=> \$832.00
	If you claim that the U.S. Trustee Program's divisio affects the calculation of your monthly expenses, f		
	Explain why:		

Case number (if known)

11.	Local tr	ansportation expenses	s: Check the number of vehi	cles for whi	ch you claim	an ownersh	ip or operating	expense.	
	□ 0. Go	to line 14.							
	■ 1. Go	to line 12.							
	□ 2 or ı	more. Go to line 12.							
12.			sing the IRS Local Standard perating Costs that apply for						215.00
13.	You may	ownership or lease ex y not claim the expense an two vehicles.	pense: Using the IRS Loca if you do not make any loan	l Standards, or lease pa	calculate the yments on th	e net owners e vehicle. I	ship or lease e n addition, you	xpense for each I may not claim th	vehicle below. ne expense for
Ve	hicle 1	Describe Vehicle 1:	2008 Dodge Ram 142, Policy # xxxxxx0418	169 miles	GEICO Aut	o Insuran	ce:		
13a.	Ownersl	nip or leasing costs using	g IRS Local Standard			\$	485.00		
13b.	_	monthly payment for all	I debts secured by Vehicle 1 vehicles.						
	are cont		y payment here and on line cured creditor in the 60 mor			t			
	Na	me of each creditor for	Vehicle 1	Average payment					
	Cit	y of Raleigh ECU		\$\$	158.48				
		Total A	Average Monthly Payment	\$	158.48	Copy here =>	-\$158	Repeat this amount on line 33b.	
13c.		icle 1 ownership or lease t line 13b from line 13a.	e expense if this number is less than \$0	O, enter \$0.		. \$	326.52	Copy net Vehicle 1 expense here => \$	326.52
Ve	hicle 2	Describe Vehicle 2:						_	
13d.	Ownersl	nip or leasing costs using	g IRS Local Standard				0.00		
13e.	Average leased v	, , ,	I debts secured by Vehicle 2	2. Do not inc	lude costs for	r			
	Na	me of each creditor for	Vehicle 2	_	Average monthly payment				
				\$					
		Total a	verage monthly payment	\$		Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.		icle 2 ownership or lease t line 13e from line 13d.	e expense if this number is less than \$6	O, enter \$0.		\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.			e: If you claimed 0 vehicles e allowance regardless of					n the \$	0.00
15.	also dec	luct a public transportati	on expense: If you claimed on expense, you may fill in very sal Standard for Public Trans	what you bel					0.00

Robert Allen Redd

Debtor 1

Case number (if known)

Oth	er Necessary Expenses	In addition to the expense d the following IRS categories		s listed above,	you are allowed your monthly expense	es for	
16.	self-employment taxes, so your pay for these taxes. H and subtract that number f	cial security taxes, and Medic dowever, if you expect to rece rom the total monthly amount	are taxe	s. You may inc refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from ust divide the expected refund by 12 for taxes.		1,070.14
	Do not include real estate,	•				\$	1,070.14
17.	contributions, union dues,			, ,	•	c	0.00
			•	•	1(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payi	ments that you make for your or life insurance on your depe	spouse'	s term life insu	e insurance. If two married people are rance. spouse's life insurance, or for any forn	n \$	0.00
19.	administrative agency, suc	The total monthly amount the as spousal or child support on past due obligations for spo	paymen	ts.	by the order of a court or You will list these obligations in line 35.	\$	0.00
20		thly amount that you pay for e				· —	
_0.	as a condition for your j	, , , ,	aaoanoi		oquiiou.		
		·	child if	no public educa	ation is available for similar services.	\$	0.00
21.		nly amount that you pay for chor any elementary or seconda		•	itting, daycare, nursery, and preschool	. \$	0.00
22.					amount that you pay for health care sonot reimbursed by insurance or paid		
	by a health savings accour	nt. Include only the amount thance or health savings accour	at is mo	re than the tota	Il entered in line 7.	\$	51.00
23.	for you and your depender phone service, to the exter income, if it is not reimburs Do not include payments for	nts, such as pagers, call waitin nt necessary for your health a sed by your employer. or basic home telephone, inte	ng, calle nd welfa rnet and	ridentification, re or that of you	you pay for telecommunication services special long distance, or business cell ur dependents or for the production of vice. Do not include self-employment ount you previously deducted.	+\$	0.00
24.	Add all of the expenses and lines 6 through 23.	allowed under the IRS expe	nse allo	wances.		\$	3,628.66
Add	litional Expense Deduction	ns These are additional de	eduction	s allowed by th	ne Means Test		
, (4)	mionar Expones Boadons	Note: Do not include a					
25.					ses. The monthly expenses for health ly necessary for yourself, your spouse,	or	
	Health insurance		\$	417.66			
	Disability insurance		\$	0.00			
	Health savings account	+	\$	0.00	7		
	Total		\$	417.66	Copy total here=>	\$	417.66
	Do you actually spend this	total amount?					
		you actually spend?					
	Yes		\$				
26.	continue to pay for the reasyour household or member	sonable and necessary care a	and supp o is unal	oort of an elder ole to pay for s	e actual monthly expenses that you will ly, chronically ill, or disabled member o uch expenses. These expenses may 29A(b)		0.00
27.	Protection against family	violence. The reasonably ne	ecessary	monthly expe	nses that you incur to maintain the es Act or other federal laws that apply.		
		p the nature of these expense			11,7	\$	0.00

Robert Allen Redd

Debtor 1

	Robert Allen Redd	Case number	(if known)				
28.	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and op	perating e	expense	s on		
	If you believe that you have home energy of 8, then fill in the excess amount of home en	costs that are more than the home energy costs include nergy costs	ded in ex	penses	on line	Э	
	You must give your case trustee document amount claimed is reasonable and necessary	ration of your actual expenses, and you must show that ary.	at the ad	ditional		\$_	0.00
29.		dren who are younger than 18. The monthly expense pendent children who are younger than 18 years old					
	You must give your case trustee document claimed is reasonable and necessary and it	ration of your actual expenses, and you must explain on already accounted for in lines 6-23.	why the a	amount			
	* Subject to adjustment on 4/01/19, and ev	ery 3 years after that for cases begun on or after the	date of a	djustme	nt.	\$_	0.00
30.		The monthly amount by which your actual food and clog allowances in the IRS National Standards. That amous in the IRS National Standards.					
		tional allowance, go online using the link specified in t so be available at the bankruptcy clerk's office.	the sepa	rate			
	You must show that the additional amount	claimed is reasonable and necessary.				\$_	0.0
31.	Continuing charitable contributions. The instruments to a religious or charitable organization	e amount that you will continue to contribute in the for anization. 11 U.S.C. § 548(d)(3) and (4).	m of cas	h or fina	incial		
	Do not include any amount more than 15%	of your gross monthly income.				\$_	25.0
32.	Add all of the additional expense deduc Add lines 25 through 31.	tions.				\$	442.66
Ded	uctions for Debt Payment						
	For debts that are secured by an interest oans, and other secured debt, fill in lines	in property that you own, including home mortga 3 33a through 33e.	ges, veh	icle			
	To calculate the total average monthly paym creditor in the 60 months after you file for ba	nent, add all amounts that are contractually due to each	ch secure	ed			
	Mortgages on your home					Averag	ge monthly
33a.	Copy line 9b here				=>	\$	0.00
	Loans on your first two vehicles						
33b.	•				=>	\$	158.48
33c.					>	\$	0.00
						Ť——	0.00
33d. Nam	List other secured debts: ne of each creditor for other secured debt	Identify property that secures the debt	incl	es payme ude taxe	es		
			OI II	isulation	e?		
				No	e?		
	-NONE-			No	e ?	¢	
	-NONE-			No Yes	e ?	\$	
	-NONE-			No	e?	\$	
	-NONE-			No Yes	e?	\$	
	-NONE-			No Yes No Yes	9?	·	
	-NONE-			No Yes No	+	·	
	-NONE-			No Yes No Yes		\$	

Debtor 1	Rob	ert Allen Redd			Cas	se nu	mber (if known)				
		debts that you listed in line property necessary for you				€,					
	No.	Go to line 35.									
	_	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill in	ssession of your property								
Nam	e of the	creditor	Identify property that se	cures the deb	t	То	tal cure amount			onthly c	ure
-NC	NE-				\$			÷ 60			
									Copy otal		
					Total	\$_	0.00	1	nere=>	\$	0.00
35 D	יט אטוו ני	owe any priority claims - su	ich as a priority tay ichi	ld support	or alimony - th	nat					
		due as of the filing date of				·u·					
	□ No.	Go to line 36.									
	Yes.	Fill in the total amount of al ongoing priority claims, suc			le current or						
		Total amount of all past-d	ue priority claims			\$	8,785.00	<u> </u>	÷ 60	\$	146.41
36. P	rojecte	d monthly Chapter 13 plan	payment			\$	225.00	<u> </u>			
O th To	Office of ne Exector o find a li	nultiplier for your district as s the United States Courts (for utive Office for United States stor of district multipliers that includes	r districts in Alabama and s Trustees (for all other did des your district, go online us	North Caroli stricts).	na) or by ecified in the	X	8.00				
		nstructions for this form. This list monthly administrative expe	•	рапктирісу ск	erk's office.		\$18.00		oy tota e=>		18.00
		of the deductions for debtes 33e through 36.	payment.					_		\$	322.89
Total	Deduc	tions from Income									
38. A	dd all c	of the allowed deductions.									
		ne 24, All of the expenses all e allowances	owed under IRS	\$	3,628.66	6					
(Copy lir	ne 32, All of the additional ex			442.66	3_					
(Copy lir	ne 37, All of the deductions fo	or debt payment	+\$	322.89	<u> </u>	7				
	Total de	eductions		\$	4,394.21	I	Copy total here=	>	,	.	4,394.21

ebtor 1 Ro	bert Allen	Redd	Case	number (if kno	wn)	
art 2: D	etermine Yo	our Disposable Income Under 11 U.S.C. § 1325(b)(2)			
		arrent monthly income from line 14 of Form 1220 Current Monthly Income and Calculation of Cor			\$	5,422.32
40. Fill in a childre disabilit receive	any reasona en. The mont ty payments ed in accorda	bly necessary income you receive for support for hily average of any child support payments, foster confor a dependent child, reported in Part I of Form 12 nce with applicable nonbankruptcy law to the extendended for such child.	or dependent are payments, or 2C-1, that you	\$	0.00	
employ in 11 U.	er withheld f .S.C. § 541(b	retirement deductions. The monthly total of all am rom wages as contributions for qualified retirement b)(7) plus all required repayments of loans from retir C. § 362(b)(19).	plans, as specified	\$	109.92	
42. Total o	f all deducti	ions allowed under 11 U.S.C. § 707(b)(2)(A). Cop	y line 38 here =>	\$	4,394.21	
expens their ex	es and you hopenses. You	cial circumstances. If special circumstances justify nave no reasonable alternative, describe the special must give your case trustee a detailed explanation documentation for the expenses.	l circumstances and			
Describe t	he special o	circumstances	Amount of expen	se		
init		ustment (Decrease in overtime due to g ending. Estimate average 3 hours O/T	\$ 1,312.·	49		
Pol	woom,		<u> </u>			
			\$			
			\$			
		Total \$_	1,312.49	Copy here=> \$	1,312	.49
44. Total a	djustments	. Add lines 40 through 43.	=> \$	5,81	16.62 Copy	
45. Calcula	ate your mo	nthly disposable income under § 1325(b)(2). Sub	otract line 44 from line	e 39.	\$	-394.30
art 3: C	hange in In	come or Expenses				
have ch time yo you file	nanged or ar our case will b d your petitio	or expenses. If the income in Form 122C-1 or the e virtually certain to change after the date you filed be open, fill in the information below. For example, it on, check 122C-1 in the first column, enter line 2 in the lin when the increase occurred, and fill in the amount	your bankruptcy petitif the wages reported the second column, e	tion and du increased	ring the after	
Form	Line	Reason for change	Date of change	Increas decreas		ount of change
☐ 122C-1 ■ 122C-2	43A	Lanning Adjustment (Decrease in overtime due to initial training ending. Estimate average 3 hours O/T per week.)	07/2017	☐ Incre ■ Dec		1,312.49
☐ 122C-1				Incre		
122C-2		·		_ Dec	_	
☐ 122C-1 ☐ 122C-2				☐ Incre		
☐ 122C-2		-	<u> </u>		-	
122C-2				☐ Dec		

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Debtor 1	Robert Allen Redd	Case number (# known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare the	nat the information on this statement and in any attachments is true and correct.
X	/s/ Robert Allen Redd	
	Robert Allen Redd	
	Signature of Debtor 1	
Date	July 12, 2017	
	MM / DD / YYYY	
	== ,	

Employment Security Commission Bank of America Home Loans Attn: Benefit Payment Control Attn: Managing Agent Post Office Box 26504 Post Office Box 5170 Raleigh, NC 27611-6504 Simi Valley, CA 93062-5170 NC Child Support Centralized Collections Post Office Box 900006 Raleigh, NC 27675-9006

Bank of America, N.A. Post Office Box 5170 Simi Valley, CA 93062

Laura Redd 2824 Watson Woods Lane Wake Forest, NC 27587

Equifax Information Systems LLC P.O. Box 740241 Atlanta, GA 30374-0241

BB&T Attn: Bankruptcy Managing Agent Post Office Box 1847 Wilson, NC 27894

Law Office of John T Orcutt 6616 Six Forks Road Suite 203 Raleigh, NC 27615

Gay, Jackson & McNally, L.L.P.

500 North Arendell Avenue

Post Office Box 10

Zebulon, NC 27597

Experian P.O. Box 2002 Allen, TX 75013-2002 Capital One Post Office Box 30285 Salt Lake City, UT 84130-0285 Local Government Federal CU Attn: Managing Agent Post Office Box 25279 Raleigh, NC 27611-5279

Trans Union Corporation P.O. Box 2000 Crum Lynne, PA 19022-2000 Chase Post Office Box 15298 Wilmington, DE 19850-5298

Management Services Incorporated PO Box 1099 Langhorne, PA 19047

Internal Revenue Service (ED)** Post Office Box 7346 Philadelphia, PA 19101-7346

City of Raleigh ECU Post Office Box 26897 Raleigh, NC 27611

National Enterprise Systems 29125 Solon Road Solon, OH 44139-3442

US Attorney's Office (ED)** 310 New Bern Avenue Suite 800, Federal Building Raleigh, NC 27601-1461

Credit First NA Post Office Box 81315 Cleveland, OH 44181-0315 NC Department of Justice for NC Department of Revenue Post Office Box 629 Raleigh, NC 27602-0629

North Carolina Dept. of Revenue** Post Office Box 1168 Raleigh, NC 27602-1168

Credit One Bank, N.A. Post Office Box 98873 Las Vegas, NV 89193-8873 Optimum Outcomes Inc P.O. Box 58015 Raleigh, NC 27658

Bank of America Post Office Box 982235 El Paso, TX 79998-2235

Duke Raleigh Hospital 5213 South Alston Avenue Durham, NC 27713

Smith Debnam Narron Drake Sain & Myers, L.L.P Post Office Box 26268 Raleigh, NC 27611-6268

U.S. Attorney General U.S. Department of Justice 950 Pennsylvania Ave. NW Washington, DC 20530-0001

Verizon Wireless Bankruptcy Admin. 500 Technology Drive, Suite 550 Saint Charles, MO 63304

United States Bankruptcy Court Eastern District of North Carolina (NC Exemptions)

Ea	sterii District of North Carolina (NC 1	exemptions)	
n re Robert Allen Redd		Case No.	
	Debtor(s)	Chapter	13
VEF	RIFICATION OF CREDITOR	RMATRIX	
e above-named Debtor hereby verifie	s that the attached list of creditors is true and	I correct to the best	of his/her knowledge.
Date: July 12, 2017	/s/ Robert Allen Redd		
	Robert Allen Redd		

Signature of Debtor